

# LOGISTICS SURVEILLANCE FORM

1. Date:	2. Name of Evaluator:	3. Contract Number:	4. Evaluation Period:	5. If IDIQ, Tracking Number:
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6. PWS Number and Brief Summary of Effort:

  
  
  

7. Detailed Surveillance Findings:

  
  
  
  

8a. Observed Discrepancy Summary:                      Type:    ☐ Timeliness    ☐ Performance/Quality

  
  

8b. IF FOUND, identify location/detail of contractor self-assessment inaccuracy here:

  
  
  

9. Method of Inspection (Check One):

☐ GO                      ☐ DC                      ☐ VCC                      ☐ UI                      ☐ PI

As Applicable:                      Lot Size: \_\_\_\_\_                      Sample Size: \_\_\_\_\_

10. Recommended Action:

☐ No Further Action Required                      ☐ Rework Required (Contractor Notified to Rework)

☐ Deduct                      ☐ Other: \_\_\_\_\_

11. Miscellaneous:

Location of Observation (If Applicable):

Building/Room: \_\_\_\_\_ Other: \_\_\_\_\_                      ☐ Check here if additional information is attached.

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Did discrepancies result in MADR being exceeded?                      ☐ Yes    ☐ No

Number of Incidents Allowed (MADR): \_\_\_\_\_ Actual Incidents Documented: \_\_\_\_\_

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Additional Information (As needed; e.g., management issues.):

  
  
  
  

12. Deduction Calculation Information:

Contract Section Weight: \_\_\_\_\_ PRS Weight: \_\_\_\_\_ Deduct %: \_\_\_\_\_

13. Signature of Technical Monitor:	Date:
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14. Signature of COTR or Representative:	Date:
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15. COTR Comments: